



The City of Lynchburg, Virginia

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PARKS AND RECREATION
DEPARTMENT

ATTACHMENT 2 LYNCHBURG COMMUNITY MARKET APPLICATION FOR STALL RENTAL TO SELL ARTISAN CRAFTS

I hereby apply to sell at the Lynchburg Community Market:

Primary Seller _____

Other People Authorized to Sell Your Artisan Craft(s) at Your Stall

Business Name _____
(if applicable)

Mailing Address _____

Phone # (Home) _____ (Work) _____ (Cell) _____

E-Mail _____

Business License # _____ State Tax # _____

1. Please give a brief description of the product(s) you propose to sell.

2. I currently sell at these locations (Circle place and provide details.)

Other Public Markets _____

Retail Outlets, including Galleries _____

Internet _____

Fairs, Festivals _____

On Farm/At Home _____

Other _____

3. If your product requires any special use of a booth space or additional needs to house your products, please describe: _____

4. I have previously been granted a permit to sell at the Lynchburg Community Market
() Yes () No If "Yes", give approximate date:

5. I understand that Vendors are required to operate on Saturdays from 7 AM to 2 PM. I understand that the LCM is also open Mon. – Fri. from 7 AM to 2 PM and that I may choose to sell any or all of these days. If you receive a stall, what other days, if any, do you plan to open your stall Mon. – Fri () Mon. () Tues. () Wed. () Thurs. () Fri.

6. I understand that all Artisan Craft applications are reviewed by the LCM Craft Committee and must certify the artisan prior to being considered for a space at the LCM. I certify that the crafts submitted for evaluation have been created by the applicant.

7. I have read and agree to abide by all policies of the LCM as stated in the LCM Handbook. I certify that all of the information contained in this application is true and correct and that supplying false or misleading information is grounds for the termination of the applicant's lease.

Please provide sample(s) or photograph(s) of your work at the time of application.

Applicant Name (Please print legibly) _____

Applicant Signature _____

Date of Application _____

Market Manager Signature _____

Date Received by the LCM Manager _____